



Incident Report

Print Date/Time: 03/08/2016 09:48
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00004204

Incident Date/Time: 3/3/2016 7:46:00 AM
Location: 11300 32ND ST NE
LAKE STEVENS WA 98258
Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|-------|---------------|
| 19O31 | SS0121-Carter |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|------|------|---------|-------|------|-----|-----|
|-----|------|------|---------|-------|------|-----|-----|

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| R | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

03/03/2016 : 08:13:16 ss0121 Narrative: 2 vehicle non injury collision while parking. Parents advised by students involved. Reportable minor damage.

MY SIDE OF THE STORY 2015-2016NAME: Trenton GrayDATE/TIME OF INCIDENT: March 2, 2016WHO WAS THERE: ~~My Sister~~WHERE IT TOOK PLACE: Highland elementary

WHAT HAPPENED: I was pulling in to park next to the curb and I moved in too close to the car next to me, which led to scraping the side of the car, which I heard. I was able to pull out and get in safely but the car was still dented and scraped, as was the side of my car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|---------------------------------------|--------------------------------|---------------------------------------|
| SIGNATURE <u>Trenton Gray</u> | DATE SIGNED <u>3/2/16</u> | LOCATION SIGNED <u>Main Office</u> |
| OFFICER/NUMBER <u>D. Carty 121</u> | DATE SIGNED <u>03 03 16</u> | LOCATION SIGNED <u>LSPJ</u> |

SECURITY CHECKLIST

- ___ 1. Copy to an administrator or security (circle)
- ___ 2. Counselor contacted
- ___ 3. IEP/504 checked for
- ___ 4. Parental contact (if needed)
- ___ 5. Other witnesses contacted (if needed)
- ___ 6. Conflict mediation (if needed)
 - A-Initiated
 - B-Completed
- ___ 7. BECCA/Attendance check (if needed)
- ___ 8. Follow-ups
 - A-Drug/Alcohol
 - B-SAP Referral
 - C-Other
 - D-Progressive Steps
- ___ 9. Miscellaneous

MY SIDE OF THE STORY 2015-2016NAME: Crystal SorensenDATE/TIME OF INCIDENT: 3/2/16WHO WAS THERE: ~~Isaac~~ Isaac Capetillo, Averie PearsallWHERE IT TOOK PLACE: The Highland road where kids park

WHAT HAPPENED: I was parked in my car
with my two friends. I was looking
the opposite way & felt something hit
my car. He didn't know how far over
his car was & scraped his whole
right side of his car onto my
front driver bumper.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|----------------|-------------|-----------------|
| SIGNATURE | DATE SIGNED | LOCATION SIGNED |
| OFFICER/NUMBER | DATE SIGNED | LOCATION SIGNED |

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- ___ 4. Parental contact (if needed)
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 - A-Drug/Alcohol
 - B-SAP Referral
 - C-Other
 - D-Progressive Steps
- ___ 9. Miscellaneous


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E521653

| | | |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

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|--------------------|--|
| TRIBAL RESERVATION | |
|--------------------|--|

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|--------|---------------|
| CASE # | 2016-00004204 |
|--------|---------------|

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|---------------------|--|
| LOCAL AGENCY CODING | |
|---------------------|--|

| | | | |
|------------------|----|---------------|--|
| TOTAL # OF UNITS | 02 | OBJECT STRUCK | |
|------------------|----|---------------|--|

| | | | | | | | | | | | | | | | |
|-------------------|----|---|----|---|------|---|---|-------------|----------|-------|---|---|----|----|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | N | E | IN | OF | CITY # |
| DATE OF COLLISION | 03 | - | 03 | - | 2016 | | | 0720 | 31 | | | | | | 0664 |

| | | |
|--------------------------|---------------------------------------|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| 32ND STREET NE | | BLOCK NO. <input checked="" type="checkbox"/> 11300 |
| | | MILE POST <input type="checkbox"/> |

| | | | | | | | |
|----------|-----|----|-------|---------------------------------------|---------------------------------------|--------------------------------|-----------------|
| DISTANCE | 300 | 00 | MILES | <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> E | OF (REFERENCE OR CROSS STREET) | 113TH AVENUE NE |
| | | | FEET | <input checked="" type="checkbox"/> S | <input type="checkbox"/> W | | |

| | | | | |
|---------|---|--------------------------------------|--|---------------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | PHONE D: 4252639404 |
|---------|---|--------------------------------------|--|---------------------|

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|-----------|------|------------|---------|----------------|---|
| LAST NAME | GRAY | FIRST NAME | TRENTON | MIDDLE INITIAL | D |
|-----------|------|------------|---------|----------------|---|

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|--------------------|--------------------|
| STREET NEW ADDRESS | 8028 14TH PLACE SE |
|--------------------|--------------------|

| | | | | | |
|------|--------------|----|----|-----|-------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 98258 |
|------|--------------|----|----|-----|-------|

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|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

| | | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | GRAY*TD013MM | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 07 | - | 14 | - | 1999 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

| | | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|

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|-----------------|--------|-------|----|------|-------------------|
| LICENSE PLATE # | 400XQV | STATE | WA | VIN# | 1LNHM86S71Y671050 |
|-----------------|--------|-------|----|------|-------------------|

| | | | | | | | |
|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

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|-----------|------|------|------|-------|------|-------|----|---|----------|--|---|
| VEH. YEAR | 2001 | MAKE | LINC | MODEL | LS4D | STYLE | 4D | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|------|-------|----|---|----------|--|---|

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|------------------------|--|
| REGISTERED OWNER INFO. | |
|------------------------|--|

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|---|-------------------------|-----------------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | STATE FARM INS CO 383 7204-C24-47 |
|---|-------------------------|-----------------------------------|

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|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|

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|---------|---|--------------------------------------|-------------------------------------|---|--|---------------------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | PHONE D: 4253190692 |
|---------|---|--------------------------------------|-------------------------------------|---|--|---------------------|

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|-----------|----------|------------|---------|----------------|---|
| LAST NAME | SORENSEN | FIRST NAME | CRYSTAL | MIDDLE INITIAL | L |
|-----------|----------|------------|---------|----------------|---|

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|--------------------|---------------------------|
| STREET NEW ADDRESS | 3609 SCHWARZMILLER RD # B |
|--------------------|---------------------------|

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|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982589770 |
|------|--------------|----|----|-----|-----------|

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|-----|--|--------------|--|--------------|--|
| CDL | | RESTRICTIONS | | ENDORSEMENTS | |
|-----|--|--------------|--|--------------|--|

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|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | SORENCL022P2 | STATE | WA | SEX | F | D.O.B. MMDDYYYY | 10 | - | 22 | - | 1998 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

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|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 1 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|---|--------------|---|--------------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | AWN8323 | STATE | WA | VIN# | 1GNDS13S452197207 |
|-----------------|---------|-------|----|------|-------------------|

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|-----------------|--|-------|--|-----------------|--|-------|--|
| TRAILER PLATE # | | STATE | | TRAILER PLATE # | | STATE | |
|-----------------|--|-------|--|-----------------|--|-------|--|

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|-----------|------|------|------|-------|---------|-------|----|---|----------|--|---|
| VEH. YEAR | 2005 | MAKE | CHEV | MODEL | TRLBLAZ | STYLE | UT | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|---------|-------|----|---|----------|--|---|

| | |
|------------------------|--|
| REGISTERED OWNER INFO. | |
|------------------------|--|

| | | |
|---|-------------------------|------------------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | STATE FARM INS CO 368 9183-A02-47A |
|---|-------------------------|------------------------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|

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|------------------------|-----------|---------------|------|--------|-----------|
| OFFICER'S NAME (PRINT) | D. CARTER | BADGE OR ID # | 0121 | AGENCY | WA0311900 |
|------------------------|-----------|---------------|------|--------|-----------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E521653**CASE # **2016-00004204**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------|----------|-----------|----------|--------|----------|-----------------|---------------------------------|-------|-----------|------------|-------------|--------------|----------|--------------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | PEARSALL AVERIE M | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # 1710 116TH DRIVE NE LAKE STEVENS WA 98258 3608204928 | | | | | | | | | | SEX F | D.O.B. MMDDYYYY 09 | - | 06 | - | 1998 | | | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 2 | SEAT POS. | 9 | AIRBAG | 2 | RESTR. | 1 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 1 | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | CAPETILLO ISAAC S | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # 2207 107TH AVENUE SE LAKE STEVENS WA 98258 4253678480 | | | | | | | | | | SEX M | D.O.B. MMDDYYYY 06 | - | 02 | - | 1999 | | | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 2 | SEAT POS. | 3 | AIRBAG | 2 | RESTR. | 1 | EJECT | 1 | HELMET USE | 2 | INJURY CLASS | 1 | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES |

NARRATIVE

Traffic unit #2 was legally parked outside the traveled portion of the roadway within the 11300 block 32nd Street NE, and occupied by three subjects. Traffic unit #1 attempted to park in front of traffic unit #2 by pulling in front of the parked vehicle, front nose first. Traffic unit #1 collided with traffic unit #2 during the process of parking, causing reportable damage to each of the two vehicles.

- Traffic unit #1 sustained damage to the passenger side doors front and rear.
- Traffic unit #2 sustained damage to the driver side front quarter panel and front bumper.
- Both operators stated they were uninjured during the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. CARTER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-03-16 03:08 PM

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

3/5/2016 5:28:37 PM

| | | | | | | | |
|---------------|-------------|-------|------------------|------------------------|----------------|---------------------|----------------|
| BADGE OR ID # | 0121 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 7:20 AM | TIME POLICE ARRIVED | 7:40 AM |
|---------------|-------------|-------|------------------|------------------------|----------------|---------------------|----------------|

REPORT NO. E521653

CASE # 2016-00004204

DATE AND TIME
OF COLLISION 03/03/16 07:20

